



# The Older Rhode Islander

*"Preserving the independence and dignity of older Rhode Islanders"*

Volume XX, Issue II

Published by the RI Department of Elderly Affairs

Summer 2010

## Annual brunch highlights Older Americans Month



**THANKS FOR THE MEMORIES:** Governor Carcieri enjoys handing out citations to Rhode Island centenarians. This year, more than 50 centenarians attended the 33rd annual brunch.

One by one, they made their way into the Bridge at Cherry Hill in Johnston. Some walked in on their own; some came with canes or in wheelchairs, and some walked in on the arm of their escort. No matter how they arrived, more than 50 Rhode Island centenarians came with a sparkle in their eyes and a willingness to discuss the secrets of their longevity to Governor and Mrs. Donald L. Carcieri, newspaper reporters, or with Corinne Calise Russo, Director of the Rhode Island Department of Elderly Affairs (DEA).

Each year, DEA coordinates the annual Governor's Centenarians Brunch. The tradition of the brunch goes back to 1978, when DEA was a new Cabinet

agency. The brunch is held in observance of May as Older Americans Month. This year, Older Americans Month was held under the national banner of, appropriately enough, *Age Strong! Live Long!*

During the first few years, the brunch was held in the State Room of the State House. As DEA began to locate more centenarians, the Brunch outgrew the State House as a venue. For several years, assisted living centers have volunteered to sponsor the event. Mario Hilario of WJAR-TV10 has served as the master-of-ceremonies for several years and this year was no exception.

Seniors are vibrant and valuable members of Rhode Island's cultural and social landscape. And with more than 5,000 years of living history and experience in the room, there was no shortage of clues as to how to lead a long and healthy life.

Just read these samples from the biographies of the centenarians:

Annabel Hazelton of Rumford, age 101: Annabel flew an open cockpit plane in 1930 and camped with her sister in Cape Breton, Nova Scotia until she was 96. She is noted for her lemon meringue pies and her readiness to "get up and go".

Elsie Williams of Cranston, age 101: Elsie had her first book published in 2009, titled "The Descendants of Joseph Williams". She is currently working on a second book.

Frank DiPaolo, Jr., of North Providence, age 103: Frank recently retired from his position as a doorkeeper at the General Assembly after more than 70 years.

Marie Tetreault of Pawtucket, age 101: Marie and her husband Larry founded the first senior center in South Kingstown, named after her husband. She has joined a group that entertains patients in hospitals and residents of nursing homes. "It has been a wonderful life and my family has been a wonderful blessing," she said.

Mary Jennings of Providence, age 101: Mary graduated from Yale University in 1935 with a degree in fine arts. She received her Master's degree from RIC in 1968. She is a member of the Providence Art Club, the Wickford Art Club and continues to paint in oils and water colors.

Vera La Torre of Smithfield, age 100: Vera lives in Smithfield with her son, but she is still self-sufficient. Vera goes out to the Smithfield Senior Center, goes out with her friends, reads poetry, and continues her tradition of fine Italian cooking. In describing Vera, her family declares, "She is a joy to be around and actively engages in life, is full of curiosity, laughter, and love for those around her".

And finally, there is Arthur Latham of Warwick, age 100: Arthur was in the U.S. Navy for 34 months during World War II and

served on the Battleship New York during the Pacific campaigns at Iwo Jima and Okinawa. Arthur proudly notes, "I still have my own teeth."

In its annual survey, DEA located more than 150 centenarians. There were 130 females and 20 males. The oldest Rhode Islander located was John Voas of Burrillville, who was born on February 3, 1903. Louise Silva of Cranston appears to be the oldest female in the state. She was born on June 7, 1903.

Frequently, Governor Carcieri has cited the Brunch as one of his favorite events. Each year, he makes it a point to visit with each centenarian, talk with them, and have his photo taken with them.

As the Governor noted in his opening remarks, "They're still walking, still active, and all of these stories are so wonderful".

"You all give us hope," the Governor declared. "You've learned how to live a long and healthy life and you have a lot to teach us,"

Centenarians who attend the brunch received a citation from the Governor; those who cannot attend will receive their citations in the mail.

DEA Director Corinne Calise Russo also looks forward to the annual Centenarians Brunch. "I'm always fascinated by the life stories of our centenarians," she declared. "They have seen a century of unparalleled change, growth and progress. When you talk with them, you get a personal sense of history and their unique perspective," Director Russo observed.

## Social Security marks 75th anniversary as national safety net

President Franklin D. Roosevelt signed the Social Security Act into law on August 14, 1935. Since then, Social Security has served as the nation's income safety net for 75 years and has touched the lives of almost every American.

From 1937 to 1940, Social Security paid benefits in the form of a single lump-sum payment. The earliest reported applicant for the lump-sum payment was a retired Cleveland, Ohio motorman named Ernest Ackerman. His first payment was 17 cents.

Payment of monthly Social Security benefits began in January 1940, and were authorized not only for aged retired workers, but also for their aged wives or widows, children under age 18, and surviving aged parents. On January 31, 1940, the first monthly retirement check was issued to Ida May Fuller of Ludlow, Vermont, in the amount of \$22.54.

Retirement benefits are based upon a worker's highest 35 years of earnings. Those wages are indexed so that all 35 years have the same purchasing power of the most recent year and are then divided to get the worker's average monthly salary. Three different averaging formulas are used to determine the actual monthly benefits. In most years, Social Security benefits are adjusted according to the annual increase in Cost-of-Living benchmark expenses. No Cost-of-Living Adjustments (COLAs) were made for 2010. Currently, none is projected for 2011.

In order to qualify for Social Security benefits, a worker has to have earned at least 40 quarterly credits. Workers receive one credit by earning at least \$870 in a three-month period and by paying Social Security taxes on that amount. Workers earning \$3,480 during the year receive four credits. While the actual amount required to earn credits may change annually, it does not affect credits already earned. Once a worker has accumulated 40 credits, he/she is permanently qualified. They are also qualified to receive disability benefits and have survivors benefits paid to children under age 18 and their spouses if they have paid Social Security taxes for a certain number of quarters in the recent past.

Medicare is a federal health insurance program that helps people pay for medical expenses. Medicare is financed by beneficiary premiums and general revenues. Medicare is administered by the Centers for Medicare and Medicaid Services.

For more information, or to enroll in a Social Security program, you should call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778. Help is also available online at [www.socialsecurity.gov](http://www.socialsecurity.gov). You can also visit the Social Security office in your area.



Greetings:

It won't be long before the hot summer of 2010 gives way to the fall. Summer always gives us the opportunity to enjoy the beautiful parks and beaches and this year was no exception. Rhode Island's natural resources were celebrated at the annual Governor's Bay Day in late July.

One of the initiatives that will be emphasized this fall is the Living Well Rhode Island program. This unique approach to

## A message from Director Corinne Calise Russo

wellness, modeled after a program created at Stanford University, teaches seniors with chronic diseases such as asthma, diabetes, heart problems or respiratory illnesses how to self-manage their disease so that they can improve their health and quality of life. The Department of Elderly Affairs is pleased to join the Departments of Health and Human Services, AARP and Quality Partners of Rhode Island in this exciting program. For a listing of Living Well Rhode Island programs, you can call the Department of Health Information Line at 222-5690.

As is always the case in tough economic times, scams and schemes seem to pick up in intensity. With the passage of the Affordable Health Act (health care reform), there has been a proliferation of health related scams. Through the Senior Medicare Patrol Program, the

Department is committed to alerting our aging network, seniors, families, caregivers and adults with disabilities about scams and how to report them to the appropriate federal and state agencies. It is vital that these incidents be reported as silence is the great ally of the scam artist.

This fall, the Department will also release its report on the listening sessions that were held in conjunction with the 2011 Reauthorization of the Older Americans Act. As Congress reconvenes for its fall session, the state's congressional delegation will have first-hand knowledge of

the issues and concerns on the minds of Rhode Islanders as we enter into an age where the Baby Boomer generation joins the ranks of the state's senior population. If we are going to meet the challenges of aging in the next generation, we must be prepared by developing innovative services that support dignity and the capacity to choose consumer-directed long-term care programs.

Sincerely,  
Corinne Calise Russo,  
Director, RI Department  
of Elderly Affairs

### Be on the lookout for the "Silent Killer"

It has been called the "silent killer" because it has no obvious symptoms. The National Institute of Health (NIH) estimates that 75 million (one in three) adults have this disease and more than 20 percent of affected adults aren't even aware that they have it. According to the American Heart Association, more than 56,000 persons die this year as a direct result of this disease and as many as 200,000 die each year from complications of the disease. The culprit is high blood pressure, also referred to as hypertension.

Systolic pressure less than 120 and a diastolic pressure of less than 80 is considered normal. Systolic pressure between 120 and 139, or diastolic between 80-89 is called pre-hypertension. Systolic pressure between 140 and 159, or between 90 to 99, is termed as stage 1 hypertension, and a systolic pressure of 160 or higher, or a diastolic reading of 100 or higher is considered stage 2 hypertension.

Anyone can develop high blood pressure, but there are certain risk factors that increase the likelihood of getting the disease. These risk factors include being overweight or obese, you are a man over 45 or a woman over the age of 55, you have a family history of high blood pressure, or have pre-hypertension readings of between 120 and 139, or a diastolic reading

between 80 and 89, or already have diabetes or kidney disease.

The consequences of undiagnosed hypertension are potentially serious. They include heart attack or stroke, impaired vision, kidney damage, coronary artery disease, or peripheral artery disease. Any one of these conditions can affect your quality of life and independence.

Lastly, learn to cope with stress. Managing stress is all about taking charge: taking charge of your thoughts, your emotions, your schedule, your environment, and the way you deal with problems. The ultimate goal is a balanced life, with time for work, relationships, relaxation, and fun – plus the resilience to hold up under pressure and meet challenges head on.

There are many ways to control stress. Some people use physical activity to relax. Others meditate or use deep breathing exercises. For others, yoga or Tai Chi is the answer. Music lovers can retreat to a quiet place in the house and listen to soothing music. Whatever method you choose, make sure to set aside time each day to relax and get away from everyday chores or concerns.

For more information about high blood pressure, call the American Heart Association, Rhode Island Chapter at 401-330-1702.

### DEA seeks Senior Journal producers

SeniorJournal programs are aired three times each week over statewide interconnect cable channel 13 and Verizon channel 32.

DEA is looking for senior volunteers who would like to produce, and/or host Senior Journal cable television programs. For more information, contact Larry Grimaldi at 401-462-0509 or e-mail [lgrimaldi@dea.ri.gov](mailto:lgrimaldi@dea.ri.gov).

The Rhode Island Department of Elderly Affairs (DEA), John O. Pastore Center, Howard Building, 74 West Road, Cranston, RI 02920 publishes the Older Rhode Islander four times each year. The next issue will be published in this fall. Written comments and suggestions are welcome. DEA encourages aging network agencies to reprint any article(s) that appear in this publication. While permission to this material is not required by DEA, it is requested that this agency be cited as the source of the material. For additional information, please call Larry Grimaldi at 462-0509 or 462-0503 (FAX). You can also e-mail [lgrimaldi@dea.ri.gov](mailto:lgrimaldi@dea.ri.gov). The DEA web site is [www.dea.state.ri.us](http://www.dea.state.ri.us). Governor: Donald L. Carcieri Director: Corinne Calise Russo Editor: Larry Grimaldi

### Let us know....

The Department of Elderly Affairs (DEA) would like to hear from you! Early this year, DEA published a larger edition of the *Pocket Manual of Elder Services*. While this edition contained substantially more references to human services programs in the state, it was very expensive to research, format, and print. In fact, DEA was able to print only 13,000 of the *Pocket Manual of Elder Services* for distribution to the aging network, seniors, families, caregivers, adults with disabilities and those concerned about the issues of growing older in Rhode Island.

For the previous 34 years, the *Pocket Manual of Elder Services* was published in a smaller format. While this size required less research time, less formatting, and more copies could be printed (50,000 in 2008), the content focused more specifically on elder programs and services. DEA also had sufficient funds to publish a limited number of the *Pocket Manual of Elder Services* in Spanish.

What does all this mean? DEA needs your input.

In considering a format and content for the 2011 *Pocket Manual of Elder Services*, we would like you to tell us what version of the *Pocket Manual of Elder Services* you prefer. In addition to expressing which format you prefer, you are also free to make suggestions, comments, and observations about the publication.

The polls are open so vote now. Please call Larry Grimaldi at 410-462-0509 to cast your vote. TTY users can call 401-462-0740. You can also vote by e-mail to [lgrimaldi@dea.ri.gov](mailto:lgrimaldi@dea.ri.gov).

### Rebates being sent to beneficiaries who reach the coverage gap in their Medicare Part D drug plans

Did you reach the coverage gap, or "donut hole," in your Medicare prescription drug coverage this year? If so, you may qualify to get a one-time, tax-free \$250 rebate check to help with your prescription drug costs. This important new benefit, included in the Affordable Care Act, is the first step toward closing the Medicare prescription drug coverage gap. Most Medicare drug plans have a coverage gap. This means that after you and your plan have spent a certain amount of money for covered drugs, you have to pay all costs out-of-pocket (up to a limit). If you qualify and you reach the coverage gap in 2010, Medicare will automatically send you a \$250 rebate check that's made out to you.

• You **don't** need to fill out any forms.

• You **don't** need to provide any personal information, like your Medicare, Social Security, or bank account numbers, to get the rebate check. **Don't give your personal information to anyone who calls you about the \$250 rebate check.** Call 1-800-MEDICARE (1-800-633-4227) to report anyone who does this. TTY users should call 1-877-486-2048. Checks will be mailed monthly throughout the year.

You can expect to get your rebate check about 45 days after the month you reach the coverage gap in 2010. If you don't get your rebate check, wait another month and then contact the toll-free Medicare customer service center at 1-800-MEDICARE. Your rebate may be delayed if Medicare doesn't have information from your drug plan in time to include you in the mailing. If you get "Extra Help" to pay your Medicare drug costs, you don't qualify for the rebate check since you are already receiving savings. If you are enrolled in a qualified retiree prescription drug plan, you are also not eligible to receive a rebate check. Remember, the \$250 rebate is a **one-time** benefit to help you with your prescription drug costs if you reach the coverage gap in your Medicare prescription drug coverage in 2010. If you reach the coverage gap in 2011, you will get a 50% discount on covered brand name drugs.

To learn more about the \$250 coverage gap rebate, visit [www.medicare.gov](http://www.medicare.gov), or call 1-800-MEDICARE. More information is available at [www.healthcare.gov](http://www.healthcare.gov), a new web portal made available by the U.S. Department of Health and Human Services. *This information was prepared by the U.S. Department of Health and Human Services.*

## ***Aleatha Dickerson lives each day with a positive attitude***



**PROMOTING BETTER HEALTH:** *Aleatha Dickerson is a Health Promotion Coordinator at the Department of Elderly Affairs. She also oversees the Senior Medicare Patrol Program that is designed to combat Medicare fraud, waste and abuse.*

Some people have difficulty viewing the world with a positive attitude. Some people waste time and energy trying to avoid the inevitable challenges of everyday life. And then there is Aleatha Dickerson.

While she may have reasons that make it difficult to have a positive disposition, "I think of life as an adventure," she proudly states.

After a sudden illness in 1987, Aleatha contracted Stevens-Johnson syndrome. It is a rare, serious disorder in which skin and mucous membranes react severely to a medication or infection. Often, Stevens-Johnson syndrome begins with flu-like symptoms, followed by a painful red or purplish rash that spreads and blisters, eventually

causing the top layer of skin to die and shed. Aleatha ended up in a hospital burn unit. She began to gradually lose her sight and eventually became totally blind.

About six months after being released from the hospital, Aleatha began training to regain her mobility and to manage every day life.

Aleatha has some advice for adults with disabilities when it comes to employment and remaining a productive member of the community. "Learn all you can about available technologies, mobility skills, and any program that will help you maintain independence," she stated.

Aleatha knows what she is talking about. She uses a computer program entitled Jaws which recognizes text posted on her computer screen. Aleatha uses key board commands, not a mouse to navigate the screen. She has a reader to help her access documents that

are not accessible in a PDF format and a software program called Open Book to scan documents and convert them into a Word format.

Beyond her career, Aleatha maintains an interest in minority issues. Aleatha is an active member of the Chappaquiddick Wampanoags, a regional tribe that is part of the Wampanoag Nation. She distributes information at local Pow Wows. She is also the co-chair of the Minority Health Advisory Committee.

Aleatha grew up in North Providence and now lives in Providence with her husband Keith. She has twin sons Benjamin and Rodney, a son, Keith, a daughter, Tamara, and six grandchildren.

In a final piece of wisdom in dealing with challenges and disabilities, Aleatha notes, "Stay positive".

## **Don't become a victim! Learn to recognize and report health care scams and schemes**

According to information provided in a CNN money article, fraudsters and scam artists bilk the U. S. health care system for as much as \$100 billion a year. While health care identity theft dominated other crimes, it seems that every time a new federal health care program comes along, there is a readymade troop of scammers waiting to exploit those who are unfamiliar with the new law or find it difficult to understand. Such was the case when the Medicare Prescription Drug Plan (Medicare Part D) began in 2006. So it's not surprising that scam artists are using misinformation about the new health care reform law to cash in on the victim's confusion or doubts. It didn't take long for these scams to surface and the National Association of State Units on Aging is alerting its member agencies across the country about these burgeoning attempts to sell fraudulent health care protection.

In Illinois, a telemarketer sold an elderly woman a fraudulent health insurance plan that protected her against the "death panels".

In Alabama, a con artist was offering "government health care reform insurance and managed care" in exchange for the customer's bank account. Also in Alabama, a potential customer was offered "one of the final 20 spots in the government health plan".

In Kansas, scam artists that claimed to be with the government were trying to sell "Obamacare Health Insurance".

From Nevada, there was a report of an offer to purchase health insurance for \$29.95, with a \$10 to \$40 prescription card included. The fraudulent plan also claimed to provide dental care.

Some reports have also surfaced in Florida, Georgia, and Vermont.

While these reports are somewhat sporadic, scammers are trying to capitalize on the public's struggle to understand the new health care reform laws. Thus far, the federal government states that these attempts are limited to spam e-mails and cold calls. It's evident though, that federal officials will be watching the situation very closely.

The reports have also caught the eye of Kathleen Sebelius, Secretary of Health and Human Services. Federal authorities realize that seniors and low-income persons are particularly vulnerable to this kind of false sales pitch. The con artist often claims to be an insurance worker or government employee. They attempt to market bogus plans under the "Obamacare" label, or they often use the term "Obama Health Plan" to describe their fraudulent products.

Insurance experts believe that these fraudulent health care policies are easy to recognize. Avoid getting involved with plans that use the term "Obamacare," or plans that claim that they can expedite your Medicare claims or tell you that they can get rebates from drug companies (This practice is prohibited).

Before you sign anything, verify that the insurer is licensed by the government. In Rhode Island, you can call the Department of Business Regulation, Insurance Division at 401-462-9520.

If you have been approached by a con artist with a bogus health care plan, report the information to Medicare at 1-800-MEDICARE (1-800-633-4227). Reports should also be filed with the local police department, the state Division of Insurance Regulation, and the Rhode Island Attorney General's Consumer Affairs Unit at 401-274-4400, and the Rhode Island Senior Medicare Patrol program at 401-462-4444. TTY users should call 401-462-4445.

Don't be a victim!

## **Crime and seniors....how you can protect yourself and your family**

There has been a lot of publicity lately about scams that are directed towards seniors, particularly when it comes to health care. But seniors also need to also take their personal safety and security seriously to avoid becoming another crime statistic.

The United States Department of Health and Human Services offers these tips for home and personal safety:

- The best way to prevent crime at home is to install and use locks on doors and windows. Almost half of the burglaries occur because someone forgot to lock the doors.
- Use common sense. If you have a door that allows you to look outside, make sure that you check before opening the door.
- If you door does not have this feature, make sure that the person on the other side identifies himself clearly before you open the door.
- Mark all your valuables with some identifying number such a driver's license number or other distinguishing mark. Make a list of your valuable items. Photograph them and store them in a secure spot, such as a safe deposit box at your bank.

When you are away from home, use these tips to assure your safety and security:

- Do not carry large amounts of cash. If you are attacked or stopped by a person demanding cash, for your own safety, hand the money over without question. Money is easily replaced. People aren't.
- Put your credit cards and other important cards or your wallet in an inside pocket.
- If you do not already do so, have monthly pension and/or Social Security checks directly deposited into your bank account. Don't carry your Social Security card in your wallet or handbag.

In addition to your credit card, safeguard other cards such as a driver's license or identification card.

- Don't carry your Social Security card in your wallet or handbag. Beware of anyone offering miracle cures for such illnesses such as cancer, arthritis, insomnia, or any other condition that seniors may suffer from.
- Beware of salesmen that offer you bargain basement prices for glasses or hearing aids. Go to trusted and licensed professionals for these items.
- Watch out for home repair scam artists that say that they just happen to be riding by your home and offer you services such as roof repair or any other type of home maintenance.
- Do not be pressured into buying any insurance policy, health care product, or any other product. Intimidation is the scam artist's weapon.
- Keep a sharp eye out for Internet scams and suspicious solicitations for charity causes. Make sure that you know the organization before you donate your money. Beware of door-to-door solicitations.

# Affordable Care Act-Health Care Reform-will have many benefits for seniors as implementation begins

Reading every page to get an idea of what the new Affordable Care Act means to Medicare beneficiaries would be a pretty daunting task. Fortunately, aging network advocacy organizations such as the National Council on Aging (NCOA) and AARP have provided some very simple summaries to help take the mystery out of the Affordable Care Act. Their summaries reflect these facts:

Most importantly, the Act will provide health care coverage for 32 million uninsured Americans. It also guarantees that insurance companies cannot deny coverage due to pre-existing conditions or drop consumers because they become sick. Contrary to some of the myths surrounding the health care debate, the plan does not reduce benefits provided under traditional Medicare.

Beginning in June 2010, Medicare beneficiaries who reach the coverage gap (also referred to as the donut hole) in their Medicare Prescriptions Drug Plans (Medicare Part D) will receive a \$250 rebate directly from Medicare. Obviously, those beneficiaries who have already reached the coverage gap will be the first to receive the rebates. Over the next 10 years, the coverage gap will decrease a little more until it is eliminated in 2020. As noted by

NCOA, the Act also contains language to reduce drug costs for beneficiaries who have a limited income and few resources and makes it easier to appeal coverage denials.

Beginning in 2011, Medicare will cover the cost of a routine physical examinations. These visits, along with preventive services such as cancer and diabetes screenings, mammograms, bone mass measurement, cardiovascular screenings, glaucoma tests, flu shots, or medical nutrition therapy services will not be subject to any deductibles or co-payments.

Many Medicare beneficiaries have more than one chronic condition such as diabetes or high blood pressure. The Act will fund community health teams that will work together with all of your doctors to coordinate patient-centered care that you want and need. In addition, to prevent return trips to the hospitals after you have been discharged from a hospital stay, there will be a greater emphasis on follow-up care and treatment.

The Act will make access to long-term care easier to obtain and help relieve the stress of "spending down" to get government help with paying for nursing home care. The plan places new emphasis on getting

home and community care support in the home. Spouses of people on Medicaid will no longer have to "spend down" before they become eligible to get help.

For those who are still in the workforce, the Act creates a new national insurance plan called CLASS to help them pay for long-term care at home. Premiums will be collected through voluntary payroll deduction. If someone reaches a point where they can no longer perform the basic tasks of daily living such as eating, dressing, bathing, or if they have certain mental impairments such as Alzheimer's disease, they will be eligible to receive an average of \$75 per day to spend for whatever non-medical needs they need to stay at home, such as home modification or transportation.

The Act will improve programs for older Americans that prevent elder abuse, neglect or exploitation. Plans also call for increasing the number of primary care physicians, improving nursing home quality, and reducing health insurance premiums for persons aged 55 to 65.

Beyond these benefits, NCOA also notes that Medicare spending under the plan will be reduced over the next 10 years. This estimated

savings of \$500 billion dollars over this period of time will extend the Medicare solvency by nine years. The specifics include:

Increased payment to Medicare providers including hospitals, nursing homes, and home health agencies will be slowed down. Doctors will not be affected by this action. The plan also reduces payments to Medicare Advantage plans (managed care or HMO plans). Today, Medicare pays \$1,000 per person more to Medicare Advantage plans than they would if the beneficiary were enrolled in traditional Medicare. In total, about 25 percent of Medicare beneficiaries are enrolled in an MA plans. In Rhode Island, that figure exceeds 30 percent.

It is estimated that some MA plans may reduce or eliminate benefits such as eye care or hearing aids and some plans may increase premiums, but MA plans will not be allowed to make any guaranteed benefits.

Provisions in the act also enhance efforts to reduce Medicare fraud, waste, and abuse and continue to call for higher Medicare premiums for a single beneficiary earning more than \$85,000 per year and couples earning more than \$170,000 annually.

## Results of listening sessions for 2011 Reauthorization of the Older Americans Act to be compiled and sent to federal and state officials and advocates

On February 25, Corinne Calise Russo, Director of the Rhode Island Department of Elderly Affairs (DEA), attended a meeting of State Units on Aging directors in Washington, D.C. At this meeting, the directors were given a chance to talk about issues of particular interest to them regarding the 2011 Reauthorization of the Older Americans Act. The directors were briefed on the three main areas of concern that will be considered during the Reauthorization process: Elder Rights and Elder Justice, Prevention & Wellness – Healthy Aging, and Aging Network Infrastructure for Serving Diverse Needs.

DEA chose to conduct six regional public listening sessions at senior sites in all of the state's five counties to gather input from consumers, providers, and caregivers with regard to the 2011 Reauthorization of the Older Americans Act. DEA is compiling a report that will be distributed to members of the Rhode Island U.S. congressional delegation, state and municipal officials, advocacy agencies, and other members of the aging network.

The listening sessions were conducted as follows:

- *Bristol County:* Warren Senior Center-Tuesday, April 6.
- *Kent County:* Pilgrim Senior Center-Thursday, April 8.
- *Newport County:* Portsmouth Senior Center-Monday, April 12.
- *Providence:* Johnston Senior Center-Thursday, April 15.
- *Washington County:* Westerly Senior Center-Monday, April 19.

At the request of Rhode Island Representative Patrick Kennedy's office, DEA also sponsored a workshop on May 6 at the Cumberland Senior Center. In addition to oral testimony, written testimony was also accepted.

While the final report for the listening sessions is still being compiled, here is a preliminary summary of the sessions:

A total of 87 persons attended the listening sessions. Of this number, 67 persons offered remarks at the sessions. Ten written testimonies were accepted.

Certain recurring points of emphasis were expressed during the sessions, including:

- Enhanced funding for senior centers as a focal point for nutrition, wellness, education, and socialization.
- Re-focusing of the transportation system to include everyday needs such as banking, shopping, errands, and visiting loved ones in long-term care facilities.
- Cost of medications.
- Health care reform, health insurance costs, and health care fraud.
- Revision of the formula that allocates funds under the Older Americans Act.
- Enhancement of Aging and Disability Resource Centers.
- Increased opportunities for seniors to get training and employment.
- Re-balancing funding from emphasis on long-term care facilities to community based services to support seniors staying in their homes and communities.
- New initiatives to support caregivers.
- Enhanced legal and protective services for seniors.

***"For age is opportunity no less than youth itself, though in another dress, and as the evening twilight fades away, the sky is filled with stars, invisible by day".***

***-Henry Wadsworth Longfellow***